

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-003855-

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

903

STATE FILE NUMBER

FILED JAN 31 1963

1. PLACE OF DEATH  
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. LouisLength of stay in 1b  
21 Days2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. Lukes HospitalInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
5255 Kingwood Dr.Reside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)First  
ElsieMiddle  
H.Last  
Mauer

4. DATE OF DEATH

Month  
Jan.Day  
26Year  
19635. SEX  
Female6. COLOR OR RACE  
White7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
10-14-939. AGE (last birthday)  
69IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
President10b. KIND OF BUSINESS OR INDUSTRY  
Central Paper Box11. BIRTHPLACE (City and state or country)  
St. Louis, Mo.12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

Joseph Mauer

13b. MOTHER'S MAIDEN NAME

Mathilda Behre

14. NAME OF HUSBAND OR WIFE

-

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

52

17. INFORMANT

Address

Ollie H. Heitmann, 5255 Kingwood

18. CAUSE OF DEATH (Enter only one cause or PART I. DEATH WAS CAUSED BY)

IMMEDIATE CAUSE (a)

Ventricular Fibrillation

INTERVAL BETWEEN ONSET AND DEATH  
Seconds

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Acute myocardial infarction

5-10 minutes

DUE TO (c)

Hypertensive Cardiovascular Disease

5+ years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Cerebral Hemorrhage &amp; Bronchopneumonia

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Dec 18, 1962 to Present and last saw her alive on Jan 26, 1963  
Death occurred at 9:25 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

removal

1-29-63

Memorial Park Cemetery

St. Louis County

Mo.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Drehmann-Harral, 1905 Union Blvd.

JAN 28 1963

Boad Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBONVS 300  
Rev. 4/59

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Dr. Wm. N. Blalock  
114 N. Taylor  
Je 3-8600  
Hrs. 12-5:30 Mon.

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.